

Please type a plus sign (+) inside this box →

41  
2883  
PTO/SB/21 (08-03)

Approved for use through 8/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/089,112
Filing Date	June 26, 2002
First Named Inventor	LARS EGNELL et al.
Group Art Unit	2882
Examiner Name	THERESE BARBER
Total Number of Pages in This Submission	Attorney Docket Number
	CISCP728C1

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Power of Attorney by Assignee</b>  <input type="checkbox"/> Remarks <b>The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.</b>
---	--	--

RECEIVED  
JAN 16 2004  
TECHNOLOGY CENTER 2800

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	RITTER, LANG & KAPLAN LLP GARY T. AKA, Reg. No. 29,038
Signature	
Date	JANUARY 6, 2004

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown:

January 6, 2004

Typed or printed name	Karen A. Hallock		
Signature		Date	January 6, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 320.00

**METHOD OF PAYMENT (check all that apply)**  
 Check  Credit Card  MoneyOrder  Other  None  
 Deposit Account:  
 Deposit Account Number 50-1652

Deposit Account Name Ritter, Lang & Kaplan LLP

The Commissioner is authorized to: (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80

**SUBTOTAL (1)** (\$ ) 0

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Claims	Extra	Fee from below	Fee Paid
Total Claims 33	-20**	= 13 X 18 = 234	
Independent Claims 04	-3**	= 1 X 86 = 86	
Multiple Dependent		X = 0	

Fee Description			
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9

**SUBTOTAL (2)** (\$ ) 320

\*\*or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number	10/089,112
Filing Date	June 26, 2002
First Named Inventor	LARS EGNELL et al.
Examiner Name	THERESE BARBER
Group Art Unit	2882
Attorney Docket No.	CISCP728C1

RECEIVED  
JAN 16 2004  
TECHNOLOGY CENTER 2800

## FEE CALCULATION (continued)

3. ADDITIONAL FEES	Fee Description	Fee Paid
Large Entity	Small Entity	
Fee Code	Fee (\$)	Fee Code (\$)
1051	130	2051 65
1052	50	2052 25
1053	130	1053 130
1812	2,520	1812 2,520
1804	920*	1804 920*
1805	1,840*	1805 1,840*
1251	110	2251 55
1252	420	2252 210
1253	950	2253 475
1254	1,480	2254 740
1255	2,010	2255 1,005
1401	330	2401 165
1402	330	2402 165
1403	290	2403 145
1451	1,510	1451 1,510
1452	110	2452 55
1453	1,330	2453 665
1501	1,330	2501 665
1502	480	2502 240
1503	640	2503 320
1460	130	1460 130
1807	50	1807 50
1806	180	1806 180
8021	40	8021 40
1809	770	2809 385
1810	770	2810 385
1801	770	2801 385
1802	900	1802 900
Other fee (specify) _____		

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(\$ ) 0

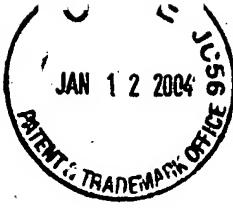
## SUBMITTED BY

Complete if applicable

Name (Print/Type)	GARY T. AKA	Registration No. (Attorney/Agent)	29,038	Telephone	408-446-7687
Signature			Date	JANUARY 6, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimate to take 12 minutes to complete, including gathering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



JAN 12 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on JANUARY 6, 2004.

Signed:

*Karen A. Hallock*  
Karen A. Hallock

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/089,112 Confirmation No.: 9119  
Applicant : LARS EGNELL et al.  
Filed : June 26, 2002  
TC/A.U. : 2882  
Examiner : THERESE BARBER  
  
Docket No. : CISCP728C1  
Customer No. : 26541  
Title : CONNECTION OF AN ADD/DROP NODE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
JAN 16 2004  
TECHNOLOGY CENTER 2800

**AMENDMENT A**

Sir:

In response to the Office Action mailed October 6, 2003, please consider the following amendments and the corresponding remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.

01/14/2004 SSESHE1 00000034 10089112  
02 FC:1202 234.00 00  
03 FC:1201 86.00 00